

User's News

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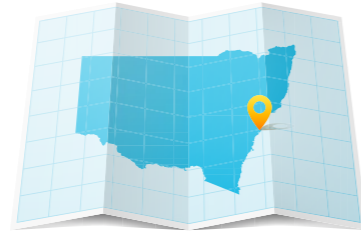
ISSUE #96

2021



IT'S
ALL
ROCK
& ROLL

NUAA



SAFER USING JUST GOT A WHOLE LOT EASIER...

NUAA's outreach and delivery service is up and running, now in more locations than ever before!

Our outreach team will supply sterile injecting equipment, and can give you info and advice around harm reduction, safer using, and hep C prevention.

Wheel filters, citric acid, naloxone and safer using information available!

NUAA Outreach - now operating in the following locations:

- Newcastle
- Orange
- Cessnock
- Wagga Wagga
- Queanbeyan
- Port Macquarie
- Bathurst
- Maitland
- Kempsey

Don't see your area/suburb? Don't worry – postal ordering is available NSW wide. Contact NUAA for more info or to place an order.

outreach@nuaa.org.au | 0472 705 325

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Published April 2021. *User's News* (UN) is distributed to various AOD services throughout NSW, as well as via post to members of the NSW Users & AIDS Association, Inc. (NUAA). Membership is open to anyone who supports NUAA's aims and objectives, regardless of drug use history. Contact us to get a form. UN is no longer distributed in NSW jails. However, people in jail who are NUAA members or write to us asking to join NUAA will be sent their own copy of UN in the mail.

Disclaimer: The contents of this magazine do not necessarily represent the views of NUAA. NUAA does not judge people who choose to use drugs illicitly, and UN welcomes contributions that express opinions and raise issues of concern to drug users – past, present and potential. In light of current laws on self-administration of drugs, however, it should be clear that by publishing the contents of this magazine NUAA does not encourage anyone to do anything illegal. While not intending to censor or change their meaning, UN reserves the right to edit articles for length, grammar and clarity. UN protects contributors by not printing their real names. UN allows credited reprinting by community-based groups and other user groups with prior approval, available by contacting NUAA. Information in this magazine cannot be guaranteed for accuracy by the editor, writers, or NUAA. UN takes no responsibility for any misfortunes that may result from any actions taken based on materials within its pages and does not indemnify readers against any harms incurred. The distribution of this publication is targeted. UN is not intended for general distribution.

Acknowledgement of country: NUAA would like to show respect to and acknowledge the Gadigal People of the Eora Nation as the traditional custodians of the land upon which *User's News* is published. We respectfully acknowledge all Aboriginal nationals where this magazine is distributed. We pay our respects to elders past and present.

Community acknowledgement: NUAA is a peer-based, community-controlled drug user organisation. We represent the voices and needs of drug using communities in NSW. NUAA and the community of people who inject drugs were instrumental in averting the HIV epidemic and we remain central to improving the health and human rights of all People Who Use Drugs in NSW. We would like to take this opportunity to acknowledge the legacy of the peers who went before us and reaffirm our commitment to fighting the effects of stigma and criminalisation in all their manifestations.

IT'S ALL ROCK & ROLL

ONE HUGE BAND. MANY SONGS.

THERE ARE MORE THINGS THAT BIND US THAN SEPARATE US.

Around the office, as we have been preparing this issue, the *User's News* team has been singing a very bad Billy Joel song. It goes: "Everybody's talking about the new sound, honey, but it's still rock & roll to me".

When I was a teen, I was outraged to hear this easy listening popster daring to claim the punk and new wave of my rebellion as part of one big genre — rock & roll. How dare he not understand how far we had come from those who had gone before us! As far as I was concerned, punk was closer to free jazz (another love of mine) than rock & roll!

The older I get, the less I care about labels and the more I get the spirit of "The more things change, the more they stay the same".

Our version of this awful earworm is, of course, "New drugs, old drugs — it's still rock & roll". Now I'm the oldie, trying to bring together different generations of people

You see, rock & roll isn't a career or a hobby. It's a life force. It's something very essential.

—The Edge

under one umbrella. This is our attempt to lose the labels that divide us and rejoice as one big community of people who use drugs.

When I first became involved with NUAA, we were still entrenched in our roots — people who injected mainly opioids — and a fair bit of coke. We had used the usual on the way — amphetamines, acid, mushies, and many of us smoked cannabis, but our core identity was tied up in the daily injecting of opioids.

It's important to remember the context of this. NUAA started during the fight against HIV/AIDS. Coming together as a community was about survival — which meant making sterile equipment available. We also began focusing on reducing other risks, like overdose, dirty hits and abscesses. Injecting drug users were also top of the list for getting hep C and we further tightened up the way we used to avoid a life of exhaustion and possible painful death. During those times, harm reduction mostly meant the Needle and Syringe Program and the Opioid Treatment Program.

But the world moves on. Drugs changed. Our community developed and grew. With the heroin drought in 2000, many people added ice and pharmies to their usual repertoire of heroin and cannabis. We began to

think of ourselves as poly drug users, moving across a range of drugs and a spread of experiences.

We also knew we had to embrace younger users, to keep the drug user movement charged up. They were doing different drugs, including new synthetics, in different ways. NUAA began to embrace a wider community of people who use all sorts of drugs, taken all sorts of ways, for all sorts of reasons. Many tribes under one banner.

I backed the NUAA position that people who use drugs were an assorted lot, just like the broader population we come from. We insisted that not all drug use led to 'problem use' and that anyone who used an illicit drug, however infrequently, was part of the one community.

It was our view that there were as many reasons for using drugs as there were people who did them. If you'll forgive me for quoting one of the most trite singers of the 20th century, it's all, you know, rock & roll.

And I meant it — and still do. But for a time, very secretly, as a daily opioid user in love with the needle, I kept the smug opinion that anyone

Life sux, but in a beautiful kind of way.

—Axl Rose

who didn't inject or didn't use a substance on a daily basis was a dilettante — a potterer, a dabbler, a try-hard, an outsider.

I'm ashamed I ever thought this way. This kind of thinking is no different from the stigma and discrimination we accuse non-users of who do not understand us and fear us.

I now firmly believe that every time we judge another's behaviour — whether it's to think that someone is not 'enough of a user' or to think that someone else's behaviour is deviant ("at least I don't inject"; "at least I don't shoot my methadone"; "at least I didn't use when I was pregnant") — we are playing into the hands of prohibitionists who think we are all scum who belong in jail.

What changed for me? For sure, making the NUAA magazines exposed me to a lot of different stories, viewpoints and angles. But it has really been the growth of the DanceWize NSW program at NUAA which has pushed me to embrace inclusion.

Let me be clear about this. I don't have a drug problem. I have a police problem.

—Keith Richards

DanceWize NSW supports mostly young people who combine drugs and music at festivals. I was exposed to a wonderful group of people younger than me, who embraced their drug use in unfamiliar ways. At first, the DanceWize NSW program ran in parallel with the rest of NUAA, not quite intersecting. But then things changed — at least for me. As I worked more closely with my DanceWize colleagues and volunteers, I stopped seeing the differences.

I realised that people who use drugs belong together, as one community — that there are more things that bind us than separate us.

We are united by the attitudes of people who think all drug users are

Rock stars against drugs. That's what we want, isn't it? Government-approved rock & roll? Woo! We're partying now!

—Bill Hicks

freaks — at worst evil, at best weak. By the shame spiral we fall into when we are told we are defective, problems to be fixed, disappointments. By the drug laws that see us getting 'correction' and separating us from success, power, safety and self-worth for the crime of taking drugs. By the media's use of illustrations that stereotype us as fucked-up, dirty people in dark alleys, unhealthy, abandoned and heartsick. By the limitations others place on us.

We are also bound by wonderful things. Like our desire to bring fun and wonder to the exploration, expansion and experience of our worlds. By our energy as we support each other with equipment, information, friendship, a helping hand. By our amazing resilience as we continue to survive and thrive through the dangers thrown up by the illicit nature of our use. By our belief that we do not need to be abstinent to be dazzling and captivating people. By the way we continue to contribute to our society and grow as individuals despite being heaped upon with injustice and humiliation. And by how we find ways to be loving partners, motivated employees, caring parents, staunch friends, faithful sons and daughters, visionary artists, actors and musicians and much more.

Time changes. Drugs change. Laws change. But whatever our fancy — 'new' drugs or 'old' drugs or a bit of both — snorting, injecting,

smoking, eating or shafting — it is time we joined together as one community of peers that stands tall as we support each other. The older people nurturing and mentoring the younger ones. The young revitalising the movement of people who use drugs. Both are represented in this issue of UN, proudly telling their stories to improve the health, dignity and human rights of other people who use drugs.

So hear us roar in numbers too big to ignore as we rock hard, together as we should be. One huge band. Many songs. ■





REST IN POWER

IN LOVING MEMORY OF JUDE BYRNE

Jude Byrne passed away on 5 March at the age of 63 after a short illness. She was an extraordinary woman who will be known to many in the drug user movement. She was a hero and inspiration to the community of people who inject drugs all around the world.

Jude never wavered in her devotion to fighting against the stigmatisation and marginalisation of people who use drugs.

Jude was an important member of the NUAA community. She was inducted into our Hall of Fame in 2013 and was Chair of the NUAA Board of Governance in 2018–2019. Her support and wisdom helped NUAA grow to be the organisation it is today.

Jude recently said of the movement's advances: "I think having us at the table has made the government think more and move further than they would have. And it's hard, quite often you're the only drug user at a table with bureaucrats, researchers, senior politicians. It can be really difficult to get your point across. I say to young people that you just have to be there because by being there they are thinking about you and not going as hard as they would have."

She knew that being a drug user activist was a never-ending slog, but she never backed down.


"If I hadn't gotten into the movement I don't think I would have shrugged off the internal stigma and the shame that

I'd been secretly harbouring for years. It made me a fighter."

Jude delighted in her community and mentored many people into the movement. She found a way to work constructively and bring the best out in the people around her, no matter what their differences were. She uplifted people and saw the best in her collaborators. She also had a wicked sense of humour and a wonderful joie de vivre!

At her funeral on 16 March, around 200 family, friends and colleagues gathered in Canberra to pay their respects. The funeral was also streamed all around the world. Jude's friend and colleague Annie Madden AO spoke about Jude's amazing career stemming from her lifelong commitment to her community of people who have used drugs. We have printed a large extract from that eulogy in honour of Jude. ■

Rest in Power Jude, you will remain forever in our hearts.



See next page for
an extract of the
eulogy delivered
by Annie
Madden AO.

Eulogy for **JUDE BYRNE** by Annie Madden AO

I first met Jude in the late 1980s. I was a young woman in my early 20s and was President of QuIVAA, the peer-based drug user organisation in Queensland, and Jude had recently commenced as coordinator of the ACT IV League (or ACTIV as it was known), the first peer-based drug user organisation in Canberra, where she had already established amazing programs for women drug users and their children.

This included a regular nurse coming to the premises each week to ensure women who used drugs could get their babies health checked and vaccinated. Jude connected so profoundly with those women because she had her own experiences to draw on and the women knew it. They felt all the stigma and judgment they received elsewhere just drop away when they were in Jude's world. She would organise mini-holidays for the women and their children to the coast near Canberra because she knew that these women couldn't afford to give their children holidays — she wanted to celebrate them as good parents and to help them create positive memories with their children. This was the measure of Jude Byrne. It was then that I first became aware of Jude's greatest passion and her greatest source of pride across her entire life — being a mother to her three beautiful children.

This decade from the late '80s to the late '90s was also the height of the HIV epidemic in Australia and when we started to understand the extent of the hepatitis C

epidemic for our community. Jude was at the forefront of all of this critical public health and harm reduction work. Jude had this amazing way of cutting straight to the chase — she would take on politicians, senior bureaucrats, researchers and others on high-level committees and gave powerful presentations. And while she definitely did not suffer fools gladly, she had this amazing way of bringing these people with her. She would say to me: "Annie, remember ... they're taught to be scared of us. Let them get to know you, hopefully they will like you and then they will work with you. It's boring, but that's what we've got to do."

In addition to her three beautiful children, one of Jude's greatest accomplishments was the establishment of the Australian Injecting and Illicit Drug Users League (AIVL) as the national body in the early '90s. I vividly remember meeting Jude at the first AIVL National Meeting and being in awe of this formidable woman. She scared the living daylights out of me, but she was also magnetic, sharp and more than a little persuasive. Like all good mentors, Jude saw things in me that I would never have seen in myself.

In the late '90s Jude became the first ongoing staff member of AIVL heading up AIVL's National Hep C Program when AIVL was finally funded in 1998. From that time until the present day, Jude has been a force in the fight to eliminate hepatitis C among people who inject drugs both

through her work at AIVL and at the global level through her work with the World Health Organization and, more recently, on the Board of the International Conference on Hepatitis and Health in Substance Users and through her work with many other organisations.

In 1999, Jude became the first peer representative on a Prime Minister's Advisory Committee on Drug Policy — the Australian National Council on Drugs — no small feat that is all the more remarkable because it was in the highly conservative Howard era. I raise this not just because of the accolade but because it symbolises Jude's incredible grit and determination. She blazed a trail in those 'high-level' policy environments in Australia and internationally at the United Nations level, a trail that has made that same journey so much easier for many of us who have followed in her footsteps.

Jude's incredible accomplishments also include the groundbreaking work she did on behalf of her community at international harm reduction conferences and this was where she met many of her friends in our world-wide community. The enormous outpouring of grief, love and respect that we have seen on social media since her passing stands as a testament to the incredible way that Jude connected with so many people across the world.

The significance of her international work was recognised in 2011 when Jude received the prestigious International Rolleston Award for her tireless efforts in harm reduction, peer education and promoting the human rights of people who use drugs.

But Jude's drive and commitment did not stop there. Jude was also instrumental in establishing and developing the

International Network of People Who Use Drugs (INPUD). Jude saw her time as Chair, getting INPUD funded and establishing a global drug user network, as one of the most exciting achievements in her decades as a drug user activist.

NUAA honoured her by inducting her into the NUAA Hall of Fame in 2013. In the last couple of years, as well as continuing her longstanding full-time senior role at AIVL, Jude agreed to become Chair of NUAA. Local peer-based drug user organisations were where Jude's heart and soul resided and I know NUAA will be forever grateful for the time and wisdom that Jude recently gave them.

Jude did all this and so much more besides, all while nurturing her beautiful family and adoring and relishing her more recently acquired status of grandmother.

Mere words will never be sufficient to express what Jude meant to me and so many, many others. For my part I intend to honour my friend by continuing to fight like she fought, by protecting what she worked for and by looking for the mark of her presence in the small and unexpected pleasures of everyday life. I know that Jude will continue to inspire and energise the future activism of people who use drugs. ■

"I intend to honour my friend by continuing to fight like she fought, by protecting what she worked for and by looking for the mark of her presence in the small and unexpected pleasures of everyday life."

WASH BLOOD, BACTERIA AND VIRUSES FROM YOUR HANDS

It's simple. It's quick. It works.

WHY?

Hand washing reduces the risk of blood borne viruses, a 'dirty hit' and COVID-19.

WHEN?

Always wash your hands before and after injecting yourself or others. If you're injecting multiple people, always wash your hands between each person.

HOW?

1. Wet your hands and lather up with detergent or soap.

Tip: pump packs are best but the trick is to get it super sudsy.

2. Friction is the key! Rub well between each finger, your wrists, front and back - get in all the creases.

Tip: Rub for 20 seconds, as long as it takes to sing happy birthday twice.

3. Rinse under running water, holding hands down.

Tip: Warm water is best if you can get it.

4. Use a paper towel to dry your hands then turn the tap off.

Tip: Paper towel has the least germs, a clean cloth towel is next best - NOT your shirt!



You can't always see blood, bacteria and viruses on your skin - but they will be there!

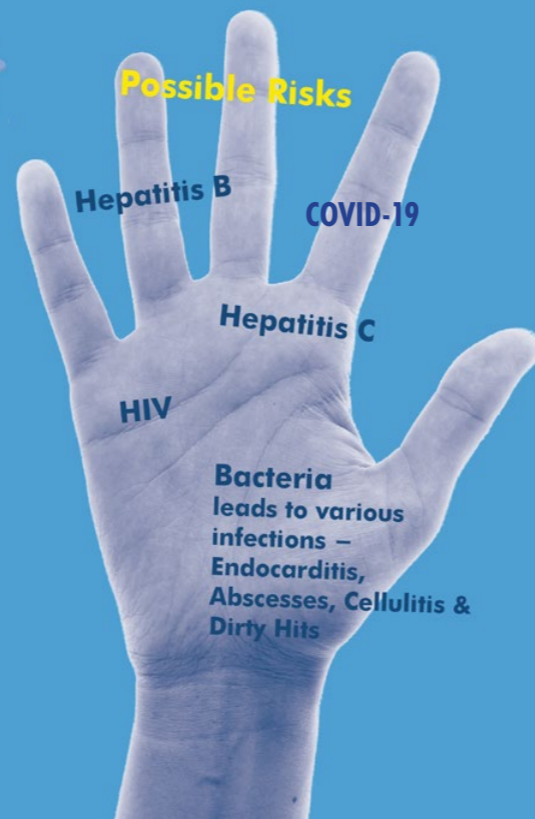


ON THE GO?

Use friction - rub without soap, or use swabs or hand sanitiser.

FLU SEASON/COVID-19

Hygiene isn't just about drug use. Washing your hands properly and using a sanitiser after you sneeze or cough can help prevent transmission of colds, flu viruses, & COVID-19.



Remember! Doing what you can is better than doing nothing.

LETTER TO THE EDITOR

Dosage error in UN#93

Dear UN,

I enjoy reading through your great articles. However, I suspect that there's a mistake in the article 'Supplements Guide' in UN93, the *Festival Edition*. Taking 6000-8000mg of Magnesium Glycinate seems absurd and seems like a typo or one zero too many. The daily recommended intake is 300-400mg and most pills come with 100-300mg a pill. Taking 30-40 of these pills in one day can be outright dangerous and I believe should not be recommended. Thanks for the great articles besides that and overall.

- Sid

Sid says: The recommendation should probably be 100-200mg magnesium glycinate.

Dear Sid,

Thanks for your email, Sid. We got back to the author of the article and they agreed with your concern.

They said that 2000mg magnesium glycinate is equivalent to 200mg elemental magnesium, so the actual total dose of magnesium being consumed is more near 800mg - not 8000mg. However, they also said that even 800mg may be a little excessive. Magnesium glycinate does appear to only come in 200-400mg capsules.

The mistake may have risen out of the fact that some of the magnesium supplements they take come in 2000mg tablets (with the equivalent elementary magnesium being much lower). They said that with the magnesium glycinate tablets they're finding online, there doesn't appear to be any information on the equivalent elementary dose, so they assume that the 200-400mg tablets

they come in would be 200-400mg of elementary magnesium in total.

Hence, the recommendation should probably be 100-200mg magnesium glycinate - basically, a single capsule/tablet.

We definitely wouldn't recommend swallowing 30-40 magnesium tablets and apologise for the confusion. We have fixed it up at our website for all things UN (www.usersnews.com.au) and really appreciate you bringing it to our attention!

Sid, we'd love you to write something for us for a future edition, so please stay in touch. ■

**Best wishes,
Leah and the UN team xxxx**

Get a letter to the editor printed and not only can we guarantee (anonymous) stardom, we'll put \$50 in your pocket! Email us at usersnews@nuaa.org.au or write to **User's News, PO Box 350, Strawberry Hills 2012.**



NEWS DOSE

User's News

SOME MEDIA STORIES OF
INTEREST FOR UN READERS



More news and articles
available online



Scan this code
with your
phone's camera
to go straight to
the website..

AOD skills initiative for rural and remote GPs

A \$7.9 million federal government-funded Royal Australian College of General Practitioners (RACGP) initiative will support rural and remote GPs to update their skills so they can better support patients with alcohol and other drug (AOD) use issues.

The program aims to help GPs talk openly with their patients about AOD issues; work in cooperation with medical colleagues to develop a whole-of-practice approach to the prescribing of pharmaceuticals to treat pain, insomnia and anxiety; implement best practice approaches to safely and effectively support patients presenting with AOD use problems to minimise harm and improve health and wellbeing; and learn about effective AOD patient assessment, harm minimisation, withdrawal and weaning, as well as pharmacotherapy options (e.g. methadone and buprenorphine treatment) and treatment pathways.

The RACGP is collaborating closely with Primary Health Networks, Local Health Districts and other AOD treatment service providers.

Let's hope this funding helps our rural communities get decent healthcare and services — including more choice when it comes to finding a respectful doctor.

Further decriminalisation bill introduced in Australian Capital Territory

A bill tabled in the ACT Legislative Assembly in February would, if it becomes law, permit possession of small amounts of recreational drugs.

Under the legislation, it would no longer be an offence to possess up to 0.5 grams of MDMA (ecstasy); 2 grams of amphetamine; 2 grams of cocaine; 2 grams of heroin; 0.002 grams of LSD (acid); 2 grams of methylamphetamine (ice); or 2 grams of psilocybin (the active ingredient in mushrooms).

It would remain an offence to supply or drive under the influence of any of these substances. Under a law passed in January 2020, possession of up to 50 grams of cannabis (marijuana) is permitted, although supply and driving under the influence remain illegal.

'Poppysed defence' accepted by Tribunal

A decision in February by the NSW Administrative Appeals Tribunal to restore the licence of a Sydney psychiatrist sets a positive precedent. The psychiatrist had their registration suspended in July 2020 after failing a number of drug tests. However, the doses found were low and the AAT ruling accepted the proposition that "the presence of poppyseed in foods such as bread, bread rolls or poppyseed muffins could produce a positive test result".

The tribunal found: "The experts concluded that it was not possible to determine ... whether [the] test results resulted from consumption of illicit drugs ... At best it was a 'toss of the coin' ... further, the hair testing results are so low as to fall below the minimum level for a conclusion to be drawn from the sampling."

Medical cannabis industry expands

Approval has been given to a medical cannabis growing and processing enterprise that will include a 46-hectare plantation with more than a quarter of a million cannabis plants, to be located at an undisclosed location in the Gascoyne region of Western Australia, 800km north of Perth. Recently licensed company Elite Cannabinoids has received approval for the plantation and an onsite pharmaceutical manufacturing facility. Promoters are promising 40–70 jobs will be created.

Since cultivation of cannabis for pharmaceutical production was legalised in 2016, 31 cannabis enterprises have been approved to operate in Australia.

New push to reduce the cost of opioid treatment medications

The Pharmacy Guild and Harm Reduction Australia (HRA) have joined the growing list of organisations challenging government regulations that treat opioid dependence treatments differently from other medicines under the Pharmaceutical Benefits Scheme (PBS).

Perhaps the single biggest barrier to access of evidence-based, life-saving medications for the treatment of opioid dependence (e.g. methadone, buprenorphine) is cost. Recent advocacy by Harm Reduction Australia has revealed that the reason the cost remains high is not due to complications inherent in the program — like daily dosing, takeaways and different prescribing and dosing options. Rather, it is a result of government policy that means that this medication, unlike any other, is not covered by the PBS and

“ There are over a thousand medicines listed on the PBS that are prescribed and dosed in a similar way to the OTP — all available at a concessional rate of \$6.60 for a 28-day prescription.

is therefore not subject to the protection that people with other chronic and expensive health issues receive. .

There are over a thousand medicines listed on the PBS that are prescribed and dosed in a similar way to the OTP — all available at a concessional rate for \$6.60 for a 28-day prescription. However, government regulations exclude opioid dependence treatments from the safety net and co-payment cap arrangements that enable this. As a result, a 28-day prescription on the OTP can cost over \$200, with no reduction for Health Care Card holders.

A statement from Harm Reduction Australia said: "The current system precludes access to the PBS safety net for the cost of these medicines and further denies people in need of these treatments the protection accorded to every other PBS consumer by allowing an uncapped dispensing charge which does not count towards their safety net. Programs such as the staged supply program to assist with reducing the risk of dependence associated with high-risk medications are also specifically denied to people on the OTP. This 30-year discrimination against some of the most financially and socially disadvantaged members in our community is simply unjustifiable."

NUAA is supporting HRA's efforts to reduce the cost of opioid treatment. Watch this space for further updates! ■

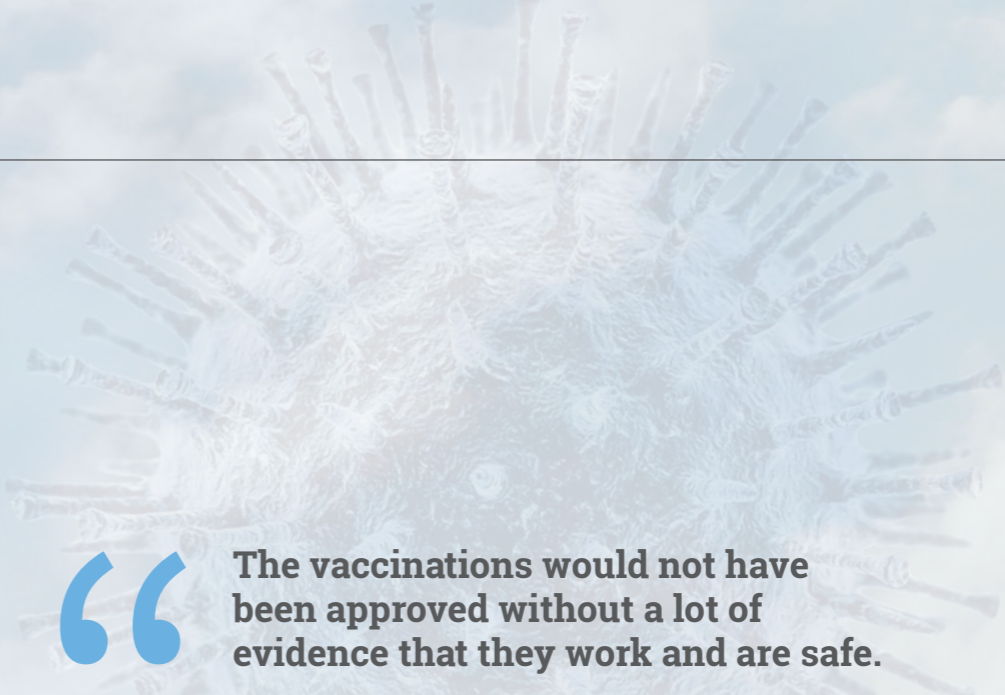


COVID-19 UPDATE

VACCINATIONS AGAINST COVID-19 ARE HERE



They will STOP you getting COVID-19, they're SAFE and they're FREE!



“The vaccinations would not have been approved without a lot of evidence that they work and are safe.”

WHY have the vaccine?

We know that NSW has been mostly successful in preventing the spread of COVID-19 in the community. So why get vaccinated?

We will never be able to completely prevent community transmission of COVID-19 and keeping our borders closed has had a major negative impact on many community members. COVID-19 vaccines will protect you, your family, your friends and your community from the SARS-Cov-2 virus. Developing immunity through vaccination reduces the risk of getting COVID. It helps you fight the virus if you are exposed to it. It protects the people around you because if you aren't infected, you can't pass it on. This is especially important if the people you are close to — emotionally and physically — are at high risk of becoming severely ill from COVID. And if you do get the virus after vaccination, you will not get as sick.

WHAT is the vaccine?

There are currently 2 vaccines available in Australia:

- 1 Comirnaty from Pfizer. Needs 2 doses, given at least 3 weeks apart. Must be kept at an extremely cold temperature (-70°C)
- 2 The Oxford/AstraZeneca vaccine. Also needs 2 doses, 8-12 weeks apart. Can be stored in a normal fridge — so easier to distribute. This vaccine is likely to be the one most people receive as it is being produced in Australia.

While they work in very different ways, both vaccines train your immune system to recognise and fight against the COVID-19 virus.

You will not be given a choice of vaccine you receive.

Is it safe?

The evidence: The vaccinations would not have been approved without a lot of evidence that they work, and are safe, including successful trials. The World Health

Organisation (WHO) stands behind the vaccines and both underwent Australian approval procedures, which are known to be among the most detailed and careful in the world. Many millions of people around the world have been vaccinated with relatively few problems.

Vaccination against COVID-19 will not reduce illness or deaths from other causes. If you have medical problems, these will still occur. Just because they occur around the time you are vaccinated does not mean they are caused by the vaccination.

About one person in one million who has received the Astra Zeneca vaccine has developed thrombosis associated with thrombocytopenia (blood clots). The Deputy Chief Medical Officer, Prof Michael Kidd has said that it is “likely” that the case of a 44 year old Melbourne man is related to the vaccine but investigations are ongoing.

The Australian Technical Advisory Group on Immunisation (ATAGI) and the TGA have recommended that the vaccination roll out continue. Cases have started between 4-20 days after the vaccination with warning signs including severe headache, vomiting and confusion. The vaccination roll out has not been halted as the risk of death from COVID is many times higher (1-2 in 100 cases) than the risk of harm from the vaccination.

Side effects: Minor side effects have occurred in some people — mainly soreness at the site of the injection. There has been evidence of some fluey symptoms like fever, tiredness or a dry cough, but they pass within a couple of days. If you become seriously ill with chest pain or breathing difficulties — which is extremely rare — call 000.

HOW is it administered?

The vaccine is given as an injection into a muscle (usually your arm). Evidence shows that 2 doses are needed to fully immunise you. They are given some weeks apart — so make sure you turn up to your second appointment!

Getting vaccinated in jail

Vaccination in jails started on 15 March with the 1st of 2 jabs. The 2nd is going to be given 3 months after the 1st one. If you leave jail before you get your 2nd vaccination, you are still a priority to get it in the community — it's important to follow through so your vaccination is complete. If you are unsure about where to go, talk to your doctor or your probation and parole worker, or call the National Coronavirus Helpline for advice on 1800 020 080.

Should I get my child vaccinated?

The United Nations Children's Fund (UNICEF) advises that the vaccines are not yet available for children because testing — to make sure they are safe and work for children — has not yet been completed. New vaccines often take a long time to get to children because consent is more complicated, as is getting responses around reactions.

Usually, young people are the most vulnerable for infectious diseases and the top priority for protection. But it's different for COVID-19 — children have a lower infection rate than adults and only very rarely get severe symptoms

Why this is important

“Only one member of my family has had COVID-19 but it has had a huge impact on me. I was unable to travel to be with my father when he passed and I have now not seen my oldest son — who is living in New York City — for what feels like forever and is definitely the longest time since he moved out of home. One of my happiest moments since March 2020 was finding out he was fully vaccinated. I desperately want borders to re-open later this year. When my turn comes, I am going to happily receive whatever vaccine is on offer. I'm not sure what 'normal' will look like in the future but I will continue to back our public health response so we can get there.”

— Mary, NUAA CEO

YES!

Yes, we care about our health!
Yes, we care about our families, friends and communities!
And yes, we want to put COVID-19 behind us!